of the intermediate and high doses of OPG-Fc (4 – 0.06 mg/kg) showed a statistically significant difference in BMD when compared to the OPG placebo treated control group ($P < 0.05$).

J5 Cont

However, treatment with OPG-Fc (at all doses) had no statistically significant effect on the severity of inflammation (Figures 31A and 31B, AUC) or loss of body weight (data on file).

CLAIMS

Applicants request that Claim 1 be cancelled.

J6 17. (Amended) A method of treating bone loss, which comprises administering an IL-1 inhibitor, a TNF-••inhibitor, and an OPG protein, wherein " OPG protein" refers to an antibody to OPG ligand or a polypeptide comprising conserved residues from residues 22 to 185 of SEQ ID NOS: 171, 172, and 173.

J7 19. (Amended) The method of Claim 17, wherein the TNF-••inhibitor comprises sTNFR-I, sTNFR-II, sTNFR fragments, or sTNFR-Fc, wherein "sTNFR" refers to sTNFR-I or sTNFR-II.

Applicants request that the following new claims be entered:

62. (new) The method of Claim 17, wherein the OPG protein comprises a sequence comprising the conserved residues from residues 22 to 185 of SEQ ID NOS: 171, 172, and 173.

J8 63. (new) The method of Claim 17, wherein the OPG protein comprises residues 22 to 185 of SEQ ID NO: 123.

64. (new) The method of Claim 17, wherein the OPG protein comprises residues 22 to 185 of SEQ ID NO: 125.

65. (new) The method of Claim 17, wherein the OPG protein comprises an antibody to OPG ligand.